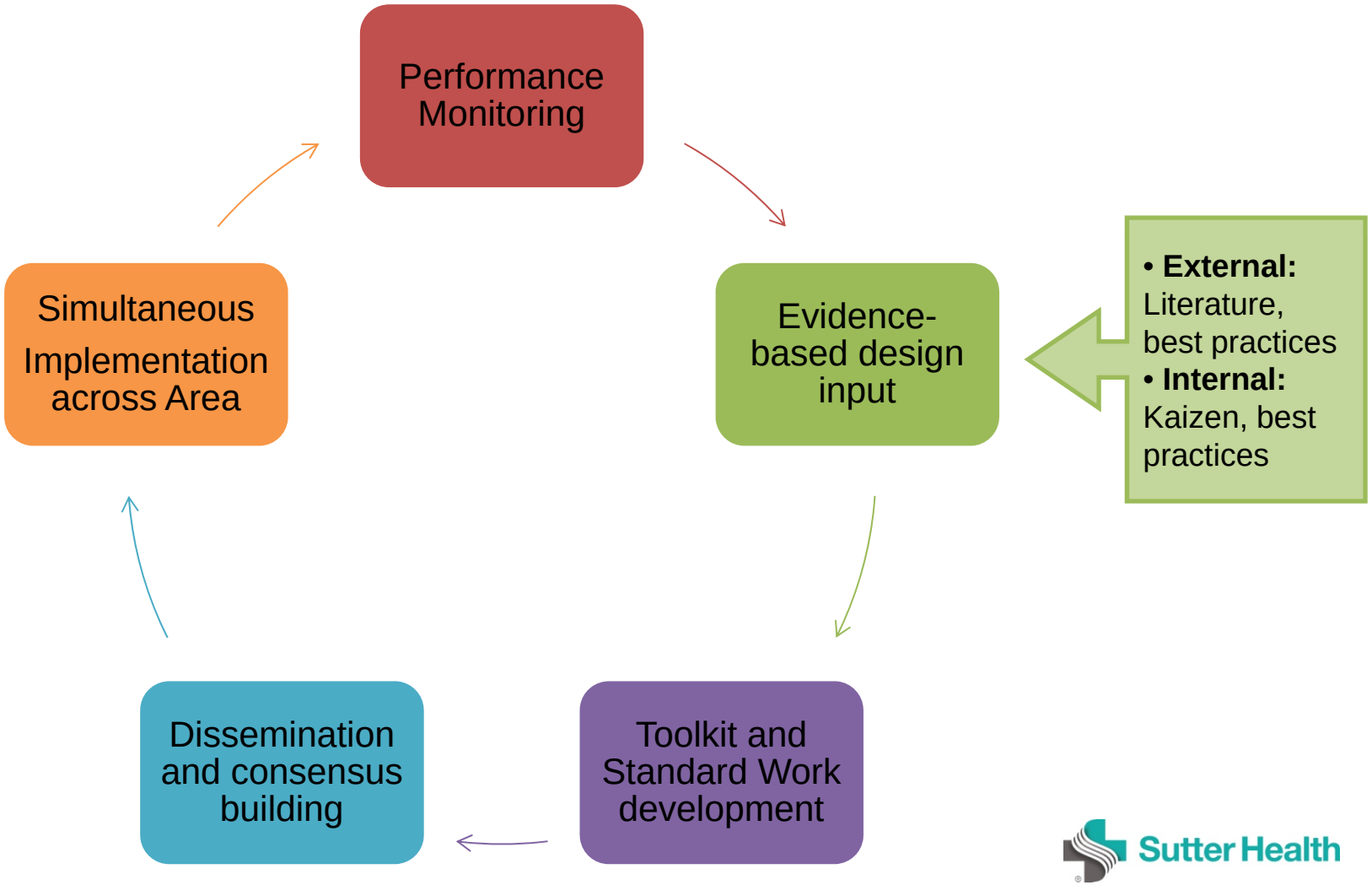
Sutter Health Valley Area
PDCA Cycle – Quality/Safety Dashboard



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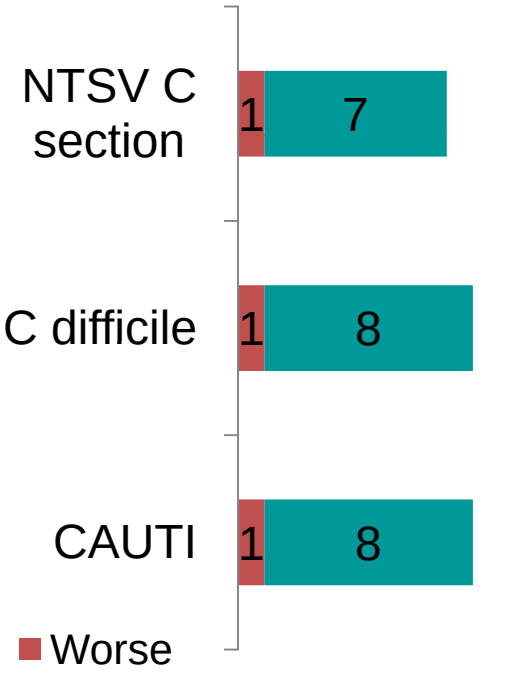
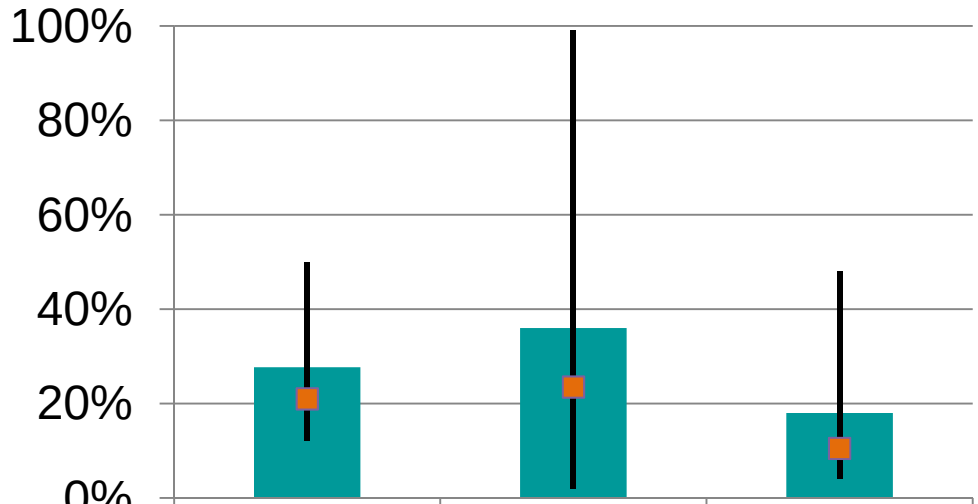
Sutter Health Valley Area
LEAN Approach to Quality Dashboard Results

Dashboard Results:
 # Hospitals



Dashboard Improvement Results:
(Subset of Hospitals with Improvement)



	CAUTI	C difficile	NTSV C section
Mean	27.7%	36.0%	18.0%
Range - Low	12.0%	2.0%	4.0%
Range - High	50.0%	99.0%	48.0%
Median	21.0%	23.5%	10.5%

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Sutter Health Valley Area - CAUTI Reduction Toolkit:

1. Insertion – placement of indwelling urinary catheter
    a. Standard indications for urinary catheter placement
        i. Place **orange card**/label on each urinary catheter bag (includes CDC Appropriate Indications (*part of standa*
        ii. Collect Urine sample immediately after insertion of indwelling urinary catheter. (Rule out prior UTI) **Pink St**
        iii. Other options for urinary catheters: bladder scanner, condom catheter, straight catheter
    b. Standardized urinary catheter kit, recommend **BARD** SureStep Foley Tray System; Lawson 462640
    c. Education:
        i. Skill competency training of insertion for all Registered Nurses
        ii. Script for insertion indications to be shared at RN huddles/meetings (***Script***)
        iii. Educate physicians at MD meetings (engagement and support requirements)
        iv. Dissemination of **flyers, pocket cards** (indications and contraindications for urinary catheter use)
        v. Patient Education on risks versus benefits urinary catheterization
2. Maintenance – care of the patient with an indwelling urinary catheter
    a. Direct Observation Audits daily by nurse manager from each unit for all patients with urinary catheter (***audit tool*** *)*
    b. Audit tool to capture the maintenance bundle (see attached **audit tool**):
    c. Education:
        i. Skill competency training of maintenance for Registered Nurses - Healthstreams Module
        ii. Annual skill fair including catheter care and catheter maintenance -Consider using Sim Mom.
        iii. Educate transport staff (maintenance) - Affiliate CAUTI Team provides Targeted Training with Gurney and a Mannequin
        iv. Educate physical therapy/occupational therapy staff (maintenance) - Affiliate CAUTI Team provides Targeted Training with Gurne
3. Removal of indwelling urinary catheter
    a. Frontline nurse managers from each unit to report daily on the following:
        i. Current census
        ii. # of patients with urinary catheter
        iii. Percent of patients with urinary catheter
        iv. # of patients with urinary catheter ≥ 2 days
        v. For all patients with urinary catheter ≥ 2 days:
            1. Do they have appropriate indications to keep the urinary catheters?
            2. Were the indications addressed during morning rounds?
            3. Describe in detail why each patient continues to have urinary catheter.
    b. Tool used: Urinary Catheter **Removal Algorithm**/Process flow chart (V11)
    c. Education:
        i. Discuss removal indications at RN huddles/meetings
        ii. Educate physicians at MD meetings (engagement and support requirements)
        iii. Reinforce Nursing Standardized procedure for timely removal.

Sutter Health Valley Area Standard Work Tool Kit - C difficile

1 **Clean Patient**

A) Antibiotic Stewardship

- 72 hour review of Indication for antibiotics
- De-escalation plan (Waiting for physician input)
- Review Culture Reports to match antibiotic to organism
- Pharmacy/MD partnership

B) Early ID in the ED

- Standard work to identify high risk patients and place in isolation early

C) Proton-Pump Inhibitor de-escalation

- Standard work to de-escalate PPI use
- Standardize policy reviewing PPI use
- De-escalate PPI when appropriate

2 **Clean Healthcare Worker**

- Standard Work for:

A) Utilize floor mat for C diff patients only. Single use only. Do not clean and re-use.

B) Post SH standard contact isolation signage outside of C diff patient rooms.

C) Utilize SHVA standard work for placing patients in isolation

D) Standard Work for Removing from Isolation

E) Place gel/foam dispenser sign upon initiation of C diff isolation precautions

F) Adopt Sutter Health standard policy for Hand Hygiene

G) Adopt SHVA "5 Moments of HH" Audit tool and program

i. HH Flyer

ii. Audit Tools Excel Version

iii. Audit Tools Pdf Version

iiii. Train auditors using standard education slide deck

Note: Complete a minimum of 10 observations per department, per month. Submit to Infection Control for tracking.

3 **Clean Environment (Use of Oxycide)**

- Standard Work for:

Section 1) AIDET

Section 2) EVS General Information

Section 3) Cleaning of Occupied Room (Non-Isolation)

Section 4) Cleaning of Occupied Room (Isolation)

Section 5) Cleaning of Discharged Rooms (Non - Isolation)

Section 6) Cleaning of Discharged Rooms (Isolation)

4 **Testing**

- Standard Work for:

A) Testing Guidelines

B) BPA 7 Day | 24 Hour Cancellation

C) Recollection Restrictions

5 Treatment

- Standard Work for:

A) C. diff Treatment Alogorithm

Revision Change Log

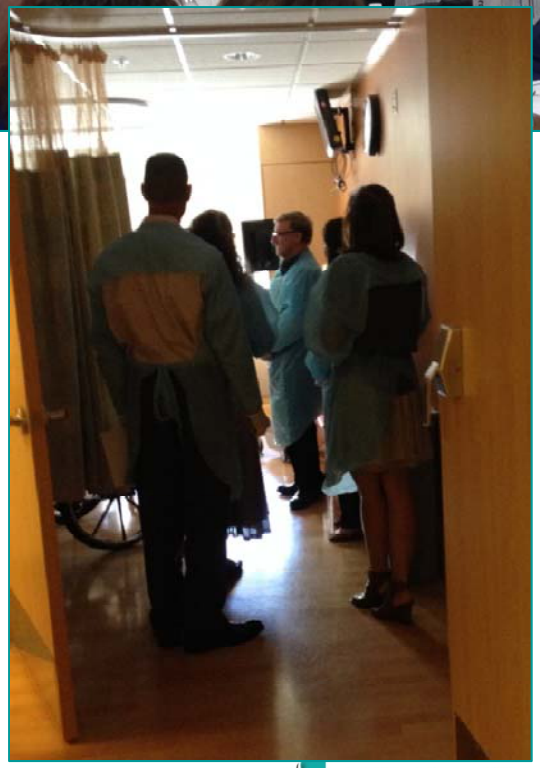
Sutter Health Valley Area
Nulliparous Term Singleton Vertex (NTSV) Cesarean Section Rate Action Plan

#	Actions	CMQCC Toolkit
1	**Readiness**	
1.1	Create a multidisciplinary team, including executive sponsor to lead NTSV engagement/improvement	
1.2	Assess childbirth education program for access, inclusion of recommended elements of CMQCC toolkit, include marketing materials to support vaginal birth strategies.	
1.3	Establish/revise a facility-specific Birth Plan that is supports shared decision-making	Appendix E
1.4	Review/revise OB policies/procedures to incorporate ACOG definitions related to labor management/fetal monitoring, etc.	Appendix S
2	**Recognition**	
2.1	Implement Early Labor Supportive Care Policies and establish criteria for active labor admission	Appendix M
2.2	Improve choices to manage pain and improve coping during labor, including access to regional anesthesia	Appendix T
2.3	Improve unit infrastructure and availability of labor support tools, including intermittent monitoring for low-risk women.	Appendix T
2.4	Develop medical staff/hospital staff training programs related to Labor support/management (initial/ongoing)	
2.5	Assess fetal presentation by 36 weeks gestation and offer external cephalic version to patients with a singleton breech fetus	
2.6	Offer oral suppressive therapy at 36 weeks gestation, or within 3-4 weeks of anticipated delivery, to all women with a history of genital herpes, including those without active lesions during pregnancy	
3	**Response**	
3.1	Maintain TeamSTEPPS to improve interprofessional communication at critical points in care	
3.2	Standardize induction of labor scheduling and management	Appendix R, T
3.3	Implement policies for safe use of Oxytocin	
3.4	Implementation of an algorithm for the management of intrapartum fetal heart rate tracings	Appx. Q & P
3.5	Implement standard criteria for diagnosis and treatment of labor dystocia, arrest disorders and failed induction	Appendix J, K, L, M, N, & O
3.6	Utilize operative vaginal delivery in eligible cases	
3.7	Identify malposition and implement appropriate interventions	
3.8	Consider alternative coverage programs IE: laborist, CNM	
3.9	Develop systems that facilitate Safe, patient-centered transfer of care between the out of hospital birth environment and the hospital	
3.10	Reduce liability driven decision making by focusing on quality and safety	

Sutter Health Valley Area
Nulliparous Term Singleton Vertex (NTSV) Cesarean Section Rate Action Plan

4	**Reporting**	
4.1	Validate data quality	
4.2	Perform monthly case reviews to identify consistency with dystocia and induction ACOG/SMFM checklists	Appendix K, R
4.3	Transparency of data	
4.3.1	Share facility and provider level detail for NTSV c/section rates	
4.3.2	Share facility and provider detail for balance measures - Uncomplicated Newborn Complications and APGARS less than 7 at 5 minutes	
4.4	Establish a project communications plan (at least monthly education and progress updates	

Kaizen in Action



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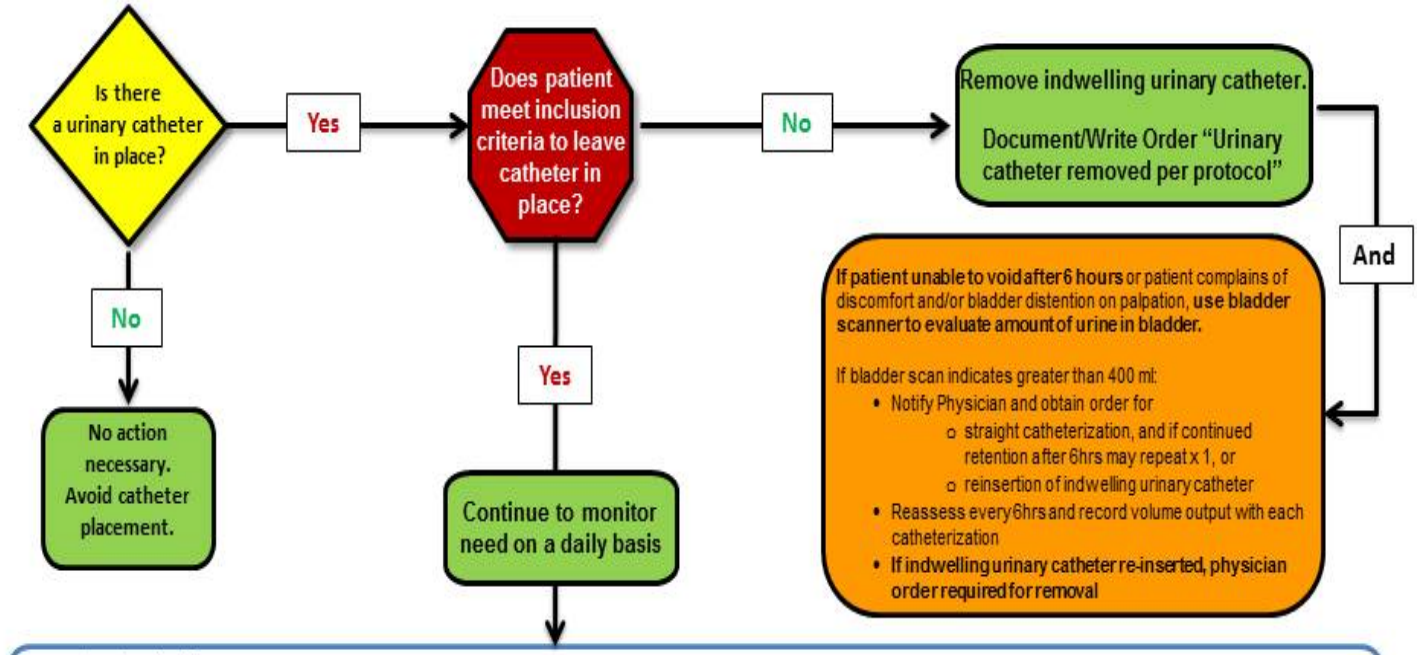
Indwelling Urinary Catheter Removal Standardized Procedure



1. Intake/Output:
   a. Need accurate measurements more often than every 4 hours
   b. 24 hr urine collection for lab and unable to use condom catheter
   c. Need accurate daily measurements and unable to use alternatives for collection
2. Known or suspected urinary tract obstruction/retention
3. Neurogenic bladder dysfunction
4. Recent urologic surgery, bladder injury, pelvic surgery, or recent surgery involving structures contiguous with the bladder or urinary tract, after pelvic surgery (i.e., GYN, colorectal)
5. Post-surgical procedure, within 48 hours
6. Lumbar epidural catheter / lumbar drain in place
7. Catheter placed and/or managed by a urologist or transplant Nephrologist and/or there is documentation stating catheter placement was difficult.
8. Urinary incontinence plus:
   a. Stage III or Stage IV or unstageable pressure ulcers on the trunk, perineal wounds, or necrotizing infection
   b. Unstable spinal fracture
   c. Uncontrolled pain with turning
   d. Morbid obesity (patient weighs greater than 300 pounds [137kg] or BMI greater than 35)
9. Critically ill patients, having at least one of the following:
   a. Respiratory instability when turned
   b. Hemodynamically unstable
   c. Unconscious or unable to cooperate with urine measurement
10. Gross hematuria in patients with potential clots (for irrigation)
11. Terminally ill (comfort care)
12. Physician order to maintain catheter with documented medical necessity for prolonged use.

Clostridium *difficile* Testing Guidelines

Draft Sutter Health; Last update 5/6/2016

Hospital Days*
Day 1, 2, 3 of admission

SEND A STOOL SAMPLE:

- ☐ Send unformed stool specimen (Bristol 6 or 7) ASAP for rule out C. *difficile*
- ☐ Obtain MD order for C. *difficile* testing
- ☐ Place patient on ***"Enhanced Contact Precautions"***
  - For positive C. *difficile*, maintain precautions until discharge or upon transfer to a clean room.

Hospital Day 4 and after

SEND A STOOL SAMPLE:

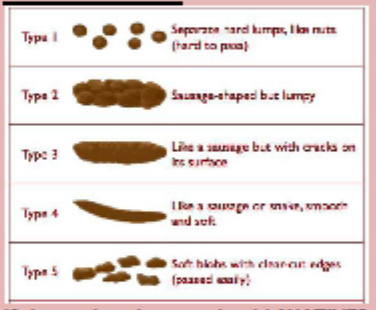
- ☐ For patients with 3 or more unformed stools within 24 hours

(Type 6-7 on the Bristol Stool Chart)

- ☐ Obtain MD order for C. *difficile* testing
- ☐ Place patient on ***"Enhanced Contact Precautions"***

DO NOT SEND A STOOL SAMPLE:

- ☐ If less than 3 loose bowel movements within 24 hours
- ☐ If formed stool or **Type 1-5 on the Bristol Stool chart**



- ☐ If the patient has received LAXATIVES, an ENEMA, BOWEL PREP, or LACTULOSE in last 48 hours
- ☐ To perform a "test of cure" in patients who have responded to therapy
- ☐ If patient had a negative test within 7 days

THINK CAREFULLY BEFORE SENDING A SAMPLE

- ☐ If the patient has not received any antibiotics during the hospitalization
- ☐ If the patient is on TUBE FEEDINGS in last 24 hours

* **NOTE:**

***C. difficile* (+) specimen sent on or after hospital day #4 = Healthcare-Associated Infection**

High Risk Patients who should be tested:

- Residents of SNF or other Long Term Care Facilities
- Patients with history of C. difficile infection
- Patients admitted to the ICU
- Patients admitted on antibiotics
- Patients with diagnosis of cancer receiving or on chemotherapy in last 30 days.
- Patients on outpatient dialysis

Sutter Health Valley Area – C. difficile Floor Mat

24”x36” adhesive floor mat – Placed with black line at threshold of patient’s door.

Visual reminder to staff and visitors: Use contact precautions upon entry, hand washing upon exit.

Disposable - intended for single-patient use. Impervious material allows for mopping.